CL	AMS AS FILED	- PART I		10/0	1840	16
FOR	(Column 1)	(Cohirm)	entr	UL ENTITY		
	NUMBER FILED	NUMBER EXT		PE 🖂	OR SI	MAHT REHTT
BASIC FEE			RAT	E FEE		
TOTAL CLAIMS	minus	20= 4		380,00	OR .	
NDEPENDENT CLAMES	กล่านร	3-1	X\$ 9	-   _	OR XS	
ALTIPLE DEPENDENT	CLAIM PRESENT	3.1.	X39		08 X7	
TVOIL/	S AS AMENDED	-PART II	IUM		OR +26	
REMA AFT	ER E	MARKE	7	ADDI-	OR SMA	T ENILLY
Total 20		AND FOR EXT	PLATE	TIONAL	RATE	1
Independent . 2	Minu	- 20 0	72.6*		A X\$18	FEE
PRESENTATION	OF MULTIPLE DEPET	DENT CLAM	X39.		-	
10/29	64		+130-	o		86
Colum			ADOIT, FEE	OF		
CIANC		Column 2) (Column	3)		ADDIT, FE	-
REMAIN		MARKE		ADOL 1		
AMEHONE	7	PART FOR		TONAL	PATE	ADDI- TIONAL
- 1	Rein in		4	FEE		FEE
dependent . 5	Man		X\$ 95	OR.	X\$16=	
RST PRESENTATION OF	MULTIPLE DEPEND	EMT CT AND	X39=		-	
, ,			1	ОП	X78=	
Install			+130=	OR	+260-	
23/04 CORMEN	1		ADDIT, FEE	OR	TOTAL	
REMARKING	- 0	tumn 2) (Column 3)			DOT FEE	
AFTER	NR.	MESER PRESENT	\ IA	DOL F		
MENONESKI 24/	PA	D FOR EXTRA	PATE- TIC	HAL .	FATE .	ADOI- TIONAL
pendent 2	Minus =	26 - 2				FEE
	Mirace		X\$ 9=	OR	XSI8=	144
T PRESENTATION OF A	NUTIPLE DEPENDE	T QUE	X39-	7,-	X78= '	
	The entire in the		+130=	-J~F	260=	
Sighest Mumber Previously P Sighest Mumber Previously P Chast Mumber Previously Pa			TOTAL		TOTAL IT. FEE	

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